

240 Maple Avenue Shrewsbury, MA 01545-2655 Ph: 508.845.6932 Fax: 508.845.7264

www.syfs-ma.org

#### Way to Go Guys! After-School Program

January 28, 2016

Dear Parent/Guardian of 7<sup>th</sup> and 8<sup>th</sup> grade boys,

We are excited to announce that Shrewsbury Youth and Family Services Inc. is offering a program called Way to Go Guys! to 7<sup>th</sup> and 8<sup>th</sup> grade boys on site at Oak Middle School. This is an activity-based group that is designed to build upon and develop self-esteem and to foster social and personal confidence.

The focus of these activities will be on developing and strengthening interpersonal skills and relationships. The activities and curriculum are developed around promoting social confidence, appropriate conflict resolution, and the ability to speak up and express oneself with confidence in group settings.

The group will take place weekly on Thursday afternoons from 3-4:30 PM.

The program is scheduled to **start** on <u>February 25</u> and will run for **six weeks** with an expected **end** date of <u>March 31</u> (this date is subject to change to accommodate any missed school days due to weather cancellations).

Attached to this letter are a **registration** form and **consent** form that must be filled out and **returned by February 19**. We are able to accept 25 students into the group, so inclusion will be based on first come, first served. We will notify you via email if your son will be on the roster. If you have any questions or concerns regarding this group, please do not hesitate to contact us at SYFS.

Sincerely,

Donna Lang and Jonathan Scully donnalangsyfs@gmail.com jonathanscullysyfs@gmail.com Graduate Interns
Annamaria Chittim, M.Ed., LMHC annachittim@townisp.com
Senior Clinical Coordinator

Shrewsbury Youth and Family Services 508-845-6932 www.syfs-ma.org



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## Way to Go Guys! After-School Program

### **Student Registration and Permission Form**

Student's Name:		Age:	Grade:
Course Dates: Every Th	ursday from February 25, 2	2015 -March 31, 20	16; 3:00-4:30
Parent or Guardian's nam	ne:		
Home Street Address:			
City:	Email:		
Phone: Day:	Evening:	Cell:	
Emergency Contact Nam			
Permission to administer	First Aid if necessary? [] YI	ES or [] NO	
Please list any Health / P	sychological conditions or c	oncerns:	
Please list any medicatio	ns your child is taking: (pres	scription or non-pres	scription)
Please list any allergies y	our child has, the reaction &	what to do:	
Students MUST be pick	ed un hy 4:30! Please list w	our nick-un nlan/aft	er-group plan



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# Way to Go Guys! After-School Program Consent Form

*By signing below, I give my son permission program. I understand that I am responsible				
(Parental signature required)	Date			
*I hereby give rights to use my child's (in whole or in part), image, name, voice, writings, and likeness for all non-commercial written, audio, and/or visual presentations. I understand and acknowledge that the written, audio and/or video presentations may be used only in brochures and videos and on websites for the purposes of advancing SYFS. Shrewsbury Youth & Family Services, Inc. (SYFS) is a registered nonprofit, social services organization.				
(Parental signature required)	Date			

\*Parents please sign the highlighted areas on the form, Thank you.

### **Return to Oak Main Office or to:**

SYFS (Attn: Way to Go Guys!) 240 Maple Ave Shrewsbury, MA 01545

(the mailbox at SYFS is secure if drop off is desired after hours)